FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000055555 (5)**

1. Corporation Name
TELLURIAN SERVICES, INC.

Principal Place of Business	Mailing Address
3325 HOLLYWOOD BLVD SUITE 500 HOLLYWOOD FL 33021 US	P O BOX 350453 3325 HOLLYWOOD BLVD., SUITE 500 FT. LAUDERDALE FL 33335 US

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 02/21/1995
4. FEI Number: 65-0337761 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10011 Pines Boulevard	26 10011 Pines Blvd.
22 Suite, Apt. #, etc: Suite 101	27 Suite, Apt. #, etc: Suite 101
23 City & State: Pembroke Pines, FL	28 City & State: Pembroke Pines FL
24 Zip: 33024 — 25 Country: US	29 Zip: 33024 — 30 Country: US

9. Name and Address of Current Registered Agent

LIPTON, EDWARD S
SABRA & LIPTON P.A.
3325 HOLLYWOOD BLVD., SUITE 500
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Berg, Arlene
82 Street Address (P.O. Box Number is Not Acceptable): 10011 Pines Boulevard, Suite 101
83
84 City: Pembroke Pines FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE X Arlene Berg (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 5-13-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P-Gifford, Robert ☒ Change ☐ Addition
NAME	LIPTON, LOUISE	1.2 NAME	
STREET ADDRESS	1600 S. OCEAN DRIVE	1.3 STREET ADDRESS	10011 Pines Boulevard, Suite 101
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R W Gifford (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 4-29-96 Daytime Phone #

CR2E034 (12/95)